

## MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY MUNICIPAL FACILITIES EXCLUSION

## **Owner Information:**

Owner	Name:		
	Signature of all owners of record	Print name of owner (s)	
Addres	S:Street or P		
- "	Street or P	O. Box, City, State, Zip Code	
Email:		Phone:	
Projec	et Information: Geocode	(this can be found at <a href="http://svc.mt.gov/msl/mtcadastral">http://svc.mt.gov/msl/mtcadastral</a> )	
Subdivision Name: Number			
		<ul> <li>No If yes, have plans for the mains been submitted for review? ☐ Yes ☐ No</li> </ul>	
	I construction of the facilities be financed?		
Eligibi	ility Requirements: All of the following criter	ia must be met:	
	The project must be provided with adequate municipal plans.	water and sewer, solid waste disposal and the municipality must review storm wate	
	All the mains necessary to serve the subdivision must be municipally owned, operated and maintained. Privately owned mains or lift stations make the project ineligible for this exemption.		
	The municipality must be a 1st or 2nd class municipality as described in MCA 7-4-111or covered under a grown policy pursuant to Title 76, chapter 1.		
	The project must be one of the following (check applicable box):		
	☐ A new division subject to review under the	ne Montana Subdivision and Platting Act,	
	previously divided parcels recorded with	Sanitary Restrictions, or	
	<ul><li>divisions or parcels of land that are exen</li><li>(1) (a), (b), (d), (e), or (f)</li></ul>	npt from Montana Subdivision and Platting Act review under 76-3-203 or 76-3-207	
<u>Submi</u>	ittal requirements: All of the following items	must be submitted:	
	This form, signed by the property owner, and the munic	ipalities representative	
	Copy of Preliminary Plat, COS, Amended Plat or Unit Declaration. The Plat or COS must contain the exemption 76-4-125 (1)(d)(i), (ii) or (iii). If using item (iii), the Plat or COS must also contain the appropriate Platting Act exemption.		
	Vicinity map showing project location.		
	Applicable zoning ordinances in effect. ☐ On fill	9	
	Copy of growth policy, if applicable. $\hfill\Box$ On fill	•	
	\$100 processing fee		
<u>Certifi</u>	cation: I hereby certify that I am authorized to sign on	pehalf of the municipality and that:	
1. 2. 3.	2. the systems have adequate capacity to meet the needs of the project, and		
	ure: Printed Nan		
Signall	neriiileu Nai	ieDate	